DEPARTMENT OF FINANCE & ADMINISTRATION
Office of Personnel Management
Leave Balance Quota Correction Form (IT2013)

Employee Name *(Last, First, Middle)*	Date: *(MM/DD/YY)*

Personnel Number	Business Area	Personnel Area	Organization Unit

LEAVE CATEGORIES AND CODES: Leave may be requested in 15-minute increments only.

	Hour/Minutes		*Hour/Minutes*
☐ **ANNL** – Annual	_____	☐ **EMBD** – Employee Birthday	_____
☐ **CATL** – Catastrophic Leave	_____	☐ **OTHER** – *(specify)*	
☐ **CP10** – Comp. At Straight Time	_____	_____	_____
☐ **CP15** – Comp. At Time and ½	_____		
☐ **DSTR** – Disaster	_____		
☐ **FML** – Family Medical Leave	_____		
☐ **MILV** – Military	_____		
☐ **SICK** – Sick	_____		
☐ **HLDY** – Holiday *(specify)*			
_____	_____		

Reason for Correction: *(Attach necessary documentation).*	
Employee Signature	Date *MM/DD/YY*

AUTHORIZATION:

	Approving Authority	Date *MM/DD/YY*
☐ Approved ☐ Disapproved		
☐ Approved ☐ Disapproved	Approving Authority	Date *MM/DD/YY*
	Data Entered By	Date *MM/DD/YY*

Comments: _____

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